

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Daniel E. Smith
Application No.: 10/058,813 Group: 2854
Filed: January 28, 2002 Examiner: D. J. Colilla
Confirmation No.: 3175
For: PRINTING SYSTEM WEB GUIDE WITH A REMOVABLE
PLATEN



CERTIFICATE OF MAILING OR TRANSMISSION	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or is being facsimile transmitted to the United States Patent and Trademark Office on:	
<u>6/24/04</u> Date	<u>Carol M. Bowerman</u> Signature
<u>Carol M. Bowerman</u> Typed or printed name of person signing certificate	

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Commissioner for Patents
P.O. Box 1450
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Sir:

Transmitted herewith is an Amendment and Request for Continued Examination for filing in the above-identified application.

- [] Small entity status of this application under 37 C.F.R. 1.9 and 1.27 has been established by a Small Entity Statement previously submitted.
- [] A Small Entity Statement to establish small entity status under 37 C.F.R. 1.9 and 1.27 is enclosed.

The fee has been calculated as shown below:

(COL. 1)		(COL. 2)		(COL. 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA
TOTAL	27	MINUS	* 28	0
INDEP	4	MINUS	** 4	0
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				

* not fewer than 20
** not fewer than 3

SMALL ENTITY	
RATE	ADDIT. FEE
X \$9	\$
X \$43	\$
+ \$145	\$

TOTAL = \$ 0

OTHER THAN SMALL ENTITY	
RATE	ADDIT. FEE
X \$18	\$ 0
X \$86	\$ 0
+ \$290	\$

TOTAL = \$ 0

Please charge Deposit Account No. 08-0380 for the following fees:

<input type="checkbox"/>	Petition for [] month Extension of Time	\$	_____
<input type="checkbox"/>	Amendment Fee	\$	_____
<input type="checkbox"/>	Other Fees:		
	_____	\$	_____
	_____	\$	_____
	TOTAL:	\$	<u>0</u>

A check is enclosed in payment of the following fees:

<input checked="" type="checkbox"/>	Petition for three month Extension of Time	\$	<u>950</u>
<input type="checkbox"/>	Amendment Fee	\$	_____
<input checked="" type="checkbox"/>	Other Fees:		
	Request for Continued Examination	\$	<u>770</u>
	_____	\$	_____
	TOTAL:	\$	<u>1720</u>

☒ A general authorization is hereby granted to charge Deposit Account No. 08-0380 for any fees required under 37 C.F.R. 1.16 and 1.17 in order to maintain pendency of this application. A copy of this authorization is enclosed for accounting purposes.

Respectfully submitted,

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

By Kevin T. Shaughnessy
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Dated: 6/23/04